



2011

Solid Waste Hauler Application

☐ NEW ☐ RENEWAL

Business Name & Contact Information				Control Number:			
<small>(Assigned by the City)</small>							
Business Name / DBA							
Location Address				Suite/Unit	City		State Zip
Business Telephone			Email Address			Fax	
Mailing Address (if different)				Suite/Unit	City		State Zip
EMERGENCY CONTACT (Name / Title)					24-Hour/Emergency Phone Number:		
Corporate Information							
Type of Ownership (<i>check one</i>)							
<input type="checkbox"/> Corporation <input type="checkbox"/> Foreign Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Other: _____							
*Corporate Name							
Corporate Address				Suite/Unit	City		State Zip Code
Contact Name				Phone Number			
<i>*Corporations and partnerships must provide the name of all officers or partners, their titles, and mailing addresses on a separate sheet of paper.</i>							
Owner Information							
Owner's Name							
Owner's Address				Suite/Unit	City		State Zip Code
Additional Required Information							
Federal ID (FEIN)			SSN (Sole Proprietor/Owner)			Georgia State License No:	
Type of Waste Collected (<i>check all that apply</i>)					If checked "Other", describe the type of collection		
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Medical <input type="checkbox"/> Other							
Services Provided: (<i>check all that apply</i>)					Date business commenced in the City of Johns Creek		
<input type="checkbox"/> Garbage Collection <input type="checkbox"/> Recyclables Collection <input type="checkbox"/> Yard Trimmings Collection <input type="checkbox"/> Other: _____							
<i>I hereby certify, under penalty of perjury, that statements made herein are to the best of my knowledge true & correct.</i>							
SIGNATURE _____		TITLE _____		DATE _____			
(FOR CITY USE ONLY)				Registration Number: _____		Date Received: _____	
Total Amount Due: \$ _____		Total Amount Paid: \$ _____		Balance Due: \$ _____			
Receipt Number: _____		<input type="checkbox"/> Cash <input type="checkbox"/> CC <input type="checkbox"/> Check # _____		Staff Initials: _____			



ALL NEW APPLICATIONS MAY BE SUBMITTED BY MAIL OR IN PERSON TO:

City of Johns Creek
Revenue Division
Public Works Solid Waste Program
12000 Findley Road, Suite 400
Johns Creek, GA 30097

DUE DATE: January 3, 2011

New Solid Waste Hauler Application and Fees are due within thirty (30) days of the commencement of business in the City.

Renewal application and fees shall be filed by January 1 of any calendar year when the business or practitioner was in operation and paid the Solid Waste Hauler Fee the preceding calendar year.

Make check, cashier's check or money order payable to: **City of Johns Creek**

(Temporary or un-printed checks will not be accepted; credit card payments are accepted in person at City Hall in the Revenue Division)

Requirements

1. **Completed Solid Waste Hauler Application**
2. **Liability Insurance**, as required by the Solid Waste Collection Services Agreement (Attach Copy), including an Endorsed Certificate naming the City of Johns Creek as Additional Insured.
3. **Worker's Compensation Insurance** as required by law and as further detailed in the Solid Waste Collection Services Agreement (Attach Copy).